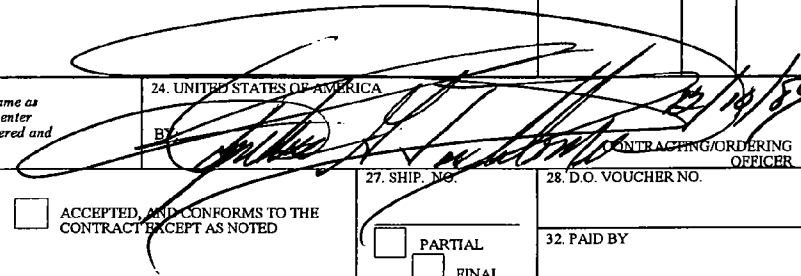


ORDER FOR SUPPLIES OR SERVICES <i>(Contractor must submit four copies of invoice.)</i>						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF 4	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.									
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.									
1. CONTRACT/PURCH ORDER NO. N00383-01-G-015N		2. DELIVERY ORDER NO. UZF1		3. DATE OF ORDER (YYMMDD) 2003 DEC 12		4. REQUISITION/PURCH REQUEST NO. YPC03321001414		5. PRIORITY DOC9	
6. ISSUED BY Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PNNNANQ (614)692-7520 / FAX: (614)692-6906 E-mail: Cynthia.Bartholemew@dla.mil				7. ADMINISTERED BY (If other than 6) DCMA SIKORSKY AIRCRAFT 6900 MAIN ST PO BOX 9731 STRATFORD, CT 06615-9131 CRITICALITY: B		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i>			
9. CONTRACTOR SIKORSKY AIRCRAFT CORP 6900 MAIN ST STRATFORD CT 06615-9129				10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 120 DAYS ADO		11. MARK IF BUSINESS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED			
12. DISCOUNT TERMS NET 30 days				13. MAIL INVOICES TO See Block 15					
14. SHIP TO See Schedule - Do Not Ship to Address in Block 6				15. PAYMENT WILL BE MADE BY HQ0337 HQ0337 DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS P O BOX 182266 COLUMBUS OH 43218-2266 EFT: I				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. DELIVERY <input checked="" type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. TYPE OF ORDER PURCHASE Reference your offer dated 2003 NOV 24, Mr. Steve Kelly and furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.									
NAME OF CONTRACTOR SIGNATURE TYPED NAME AND TITLE DATE SIGNED (YYMMDD) <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:									
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE CG: 97X4930 5CC0 001 26.0 S33150									
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT	
	Remarks: CONFIRMING ORDER - DO NOT DUPLICATE ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.				TOTAL: 1				
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					24. UNITED STATES OF AMERICA BY  22/10/83		25. TOTAL \$ 723.73		
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED					27. SHIP. NO.		28. D.O. VOUCHER NO.		29. DIFFERENCE
DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		30. INITIALS
36. I certify this account is correct and proper for payment. DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER					31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		33. AMOUNT VERIFIED CORRECT FOR		34. CHECK NUMBER
37. RECEIVED AT					38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS
							41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.

CONTINUATION SHEET

Order Number:

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SECTION B

PR YPC03321001414

CAGE/PN 78286 7055202109

CAGE SDC NAME - ADDRESS
78286 A 6900 MAIN ST
STRATFORD CT 06615-9129
203-383-7833

ITEM DESCRIPTION:

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC03321001414	0001	1	EA	\$723.73000	\$723.73

QTY VARIANCE: PLUS 0% MINUS 0%
INSPECTION POINT: ORIGIN
ACCEPTANCE POINT: ORIGIN

EXCEPTION DATA:

NOTE: 12/10/03

SIKORSKY AIRCRAFT CORP REFERENCE QUOTE NUMBER: AQ 500 2003 DA

SIKORSKY AIRCRAFT CORP DATE OF QUOTE: 24 NOVEMBER 2003

*USE P/N: 70552-02109-067

ITEM: NO 3 HYD POW

DESCR: HARNESS ASSEMBLY

E/I: HELICOPTER

MODEL: UH-60

SERIES: A

SERIAL NUMBER: 82-23685

COMPANY: SIKORSKY AIRCRAFT CORP.

POC: MR. STEVE KELLY

PHONE: 1 203 386 7447

FAX: 1 203 386 7928

EMAIL: SKelly@SIKORSKY.com

CONTINUED ON NEXT PAGE

SECTION B

NOTE 2:

SIKORSKY AIRCRAFT CORP. IS AUTHORIZED TO SHIP LESS NSN,
IF ONE HAS NOT BEEN ASSIGNED.

NOTE 3:

*IN REFERENCE TO SIKORSKY AIRCRAFT CORP QUOTE NUMBER CITED ABOVE,
P/N 70552-02109-067 HAS REPLACED P/N 70552-02109-050.

PREP FOR DELIVERY

COMMERCIAL PRACTICE PPP WITH MIL-STD-129 MARKING.

DELIVERY FOB: ORIGIN BY: 2004 APR 10

PARCEL POST ADDRESS:

W25N14
XU CONSOL AND CONTAINERIZATION PT
DDSP NEW CUMBERLAND FACILITY
BLDG 2001 CCP DOOR 135 THRU 168
NEW CUMBERLAND PA 17070-5001

FREIGHT SHIPPING ADDRESS:

CONTACT TRANS OFF AT ADMIN OFF PRIOR TO SHIPMENT

M/F: (TCN) WK4SRM33166602 XXX
RDD 999/NMCS CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT
PROJ TP 1
SUP ADD WK4GFY SIG L

FOR DOCUMENT DISTRIBUTION ONLY:

WK4GFY
SR 0000 TC HHC 02 AUG
UNIT 29719
AWCF SSF
APO AE 09028

CONTINUED ON NEXT PAGE

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SECTION B

FOR GOVERNMENT USE ONLY: IPD 02

DIC A05 DIST Q ADV 2A FC UB

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REMIT PAYMENT TO:

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